

Veterans Affairs: Working with Third Party Payers to Meet Veterans Healthcare Needs

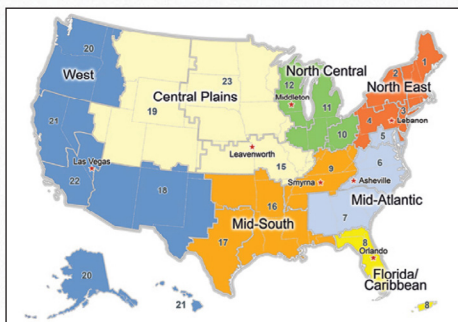
PAYER RELATIONS FACT SHEET 1

Veteran Healthcare Services

Veterans health benefits are administered by the Department of Veterans Affairs (VA), Veterans Health Administration (VHA). VHA operates the nation's largest integrated health system with more than 1,700 sites where millions of Veterans receive comprehensive care. These sites include VA medical centers (VAMCs), outpatient clinics, Vet Centers, domiciliary residential rehabilitation programs, and community living centers. VHA is committed to excellence, trust, and delivery of healthcare services to Veterans. VHA works continuously to improve the quality and implementation of services.

Consolidated Patient Account Center

Consolidated Patient Account Center (CPAC) is the centerpiece of VHA's financial business functions. CPAC strives to enhance Veteran healthcare services through innovative business solutions. There are seven regionalized CPACs around the country. Each CPAC provides revenue services for VHA's healthcare system, drawing on lessons learned from both private and public sectors. CPAC uses standardized methods, tools, and processes to improve efficiency, effectiveness, and accountability in revenue operations. CPACs perform back-end revenue cycle processes while the VAMCs maintain ownership of key Veteran-facing revenue functions.



Quality of Care

Quality of care provided at VA sites is VHA's top priority. As the nation's largest healthcare network and national healthcare leader, VHA is constantly looking for ways to serve Veterans in the most efficient way while promoting their health and well-being. To improve quality care, VHA has consistently embraced and implemented new technologies. This reinforces VHA's patient-centered approach to treatment. Additionally, VHA maintains a number of quality credentials, including one from The Joint Commission (TJC).

Eligibility and Enrollment

For the purposes of VA health benefits a Veteran is defined as a person who served in active military service and then was discharged or released under conditions other than a dishonorable discharge. VHA operates an annual enrollment system that manages the provision of health care. When determining a Veterans eligibility for enrollment, VHA applies a variety of factors during the application verification process. However, once a Veterans enrollment is verified, the Veteran remains enrolled within VAs health care system and maintains access to certain VA health benefits. Third party commercial payers are billed for medical care and services rendered to an eligible Veteran for non-service connected conditions.

Federal Payment Requirements

Title 38 USC Section 1729 and Title 38 CFR Part 17.101 and Part 17.106 provide the authority to VA to recover reasonable charges (as determined by the Secretary of Veterans Affairs) for care and services provided for a non-service connected condition in or through a VA facility to a Veteran who is also a beneficiary under a third-party payer's (TPP) insurance plan. VA's right to recover or collect is limited to the extent that the Veteran or a non-government provider of the care or services would be eligible to receive reimbursement or indemnification from the TPP if the care or services had not been furnished by a department or agency of the United States.

Revenue collected from third party insurance companies is anticipated money in the President's budget. This money goes directly back to each VA medical center to improve healthcare services for our nation's Veterans. Compliance with these guidelines is enforced by both VA's General and Regional Counsels, along with CPAC's Payer Relations Office.

Contact Information

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Frequently Asked Questions:

<http://www1.va.gov/CBO/cbo/cpac/payerfaqs.asp>